

# Virginia Department of Labor and Industry

13 South Thirteenth Street, Richmond, Virginia 23219

## CONSULTATION TRAINING

### REGISTRATION FORM

| PERSONAL INFORMATION             |                     |                                       |                                   |           |
|----------------------------------|---------------------|---------------------------------------|-----------------------------------|-----------|
| First Name:                      | Last Name:          | Middle Initial:                       | Suffix: (i.e.: Jr., Sr., II, III) |           |
| Work Title:                      |                     |                                       |                                   |           |
| COMPANY/ORGANIZATION INFORMATION |                     |                                       |                                   |           |
| Company/Organization Name:       |                     |                                       |                                   |           |
| Co. Address 1: (Street Address)  |                     | Co. Address 2: (Bldg. No., Suite No.) |                                   | City:     |
|                                  |                     |                                       |                                   | State:    |
|                                  |                     |                                       |                                   | Zip Code: |
| Work Phone:                      | Extension: (if any) | Mobile Number:                        | Fax Number:                       |           |
| ( )                              |                     | ( )                                   | ( )                               |           |
| E-mail Address:                  |                     |                                       |                                   |           |
|                                  |                     |                                       |                                   |           |

### CLASS IDENTIFICATION (see [course listings](#) on the web)

| COURSE NUMBER | DESCRIPTION | LOCATION | DATE | *TIME |
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For special training needs, please contact Nick Hart at (804) 692-0096, [consultationtraining@doli.virginia.gov](mailto:consultationtraining@doli.virginia.gov).

#### Instructions:

1. Please complete registration legibly. (*We would like to ensure that your name is printed accurately on your certificate*).
2. Type in or write down the date and time of the courses you would like to attend.
3. Press the "Tab" key to go to the next field.
4. Save this form as "lastname\_trainingregistration.doc" in your computer.
5. Send the completed form to: (Attention: Consultation Training)  
E-mail: [consultationtraining@doli.virginia.gov](mailto:consultationtraining@doli.virginia.gov) or Fax: (804) 786-8418